

CMSS Scholarship Application:

Please sign and submit application to :

CMSS
P.O. Box 854
Chesterfield, MO 63006.

Please note:

- Application must be post marked by February 1st or August 1st of each year.
- Application must be complete to be considered.
- CMSS Board will notify all award recipients within 30 days of the application deadline.
- All qualified applicants will be selected on scholarship funds availability.

CMSS Scholarship Application:

Last Name (please print):	First Name:
Address:	
Phone: ()	Email:
CMSA ID#:	Years of Membership:
List dates of CMSS monthly lunch meetings attended in the past year:	
Program Title:	
Detailed description of program: (Please include program material, speaker, educational components/objectives and proof of application for CCM certification exam as an attachment with application.)	
Program Cost:	
Scholarship amt. requested:	

Mini essay: "How have you contributed to the St. Louis Chapter of the Case Management Society?" Please be as detailed as possible.
(Please use next page for essay)

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not granting me this scholarship and may make me ineligible for scholarship funds in the future. I authorize the verification of any or all information listed above.

Signature

Date

CMSS Scholarship Application:

Board use only

Member Name:

CMSS member in good standing :	YES	NO
CMSS member, at least one year:	YES	NO
Active attendance in monthly membership meetings: <i>(Must be at least 50%)</i>	_____ %	
Adequate contributions to chapter:	YES	NO
Program is concurrent with the case management profession:	YES	NO
Application approved/disapproved:	APPROVED	DISAPPROVED
Amount approved:	\$	
Member notified by letter:	Date:	